

/2684

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450



Customer No.: 23696

Attorney Docket No.: 020267

In Re Application of: Serge Willenegger

Serial Number: 10/081,596

Filed: 2/20/2002

Examiner: Tanmay S. Lele Group Art Unit: 2684

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

In addition, the following documents are enclosed:

1. A Petition for Extension of Time: (1) month(s) is hereby requested.

2. Information Disclosure Statement (IDS):

a. PTO-1449

b. Copies of IDS Citations (number of citations:

3. Change of Attorney's Address in Application.

Technology Center 2600

CLAIMS	(a) Number Remaining After Amendment	(b) Highes Number Previously P For	er • Extra		Large Entity Fee	Fee Paid	
Total*	6	20	0		x \$18 =	\$0	
Independent**	3	3	0		x \$86 =	\$0	
Multiple Depen	dent Claim(s):	\$290	\$0				
			ne Month	\$110	\$110.00		
EX	TENSION FEES		☐ Tv	vo Months	\$420	\$0	
		1	☐ Th	aree Months	\$950	\$0	
	IATION DISCLOS	URE [After First Office Action		\$180	\$0	
	STATEMENT	1	_	ter Final fice Action	\$130	\$0	
	TERMINAL	\$110	\$0				
	olumn a is less than 20, column a is less than 3, c	TOTAL FEE	\$110.00				

5.	L	Fee	check it	the :	amount of	\$ is encl	osed t	o pay	for an	y claim	and/or extens	sion fees.

7. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 3/19/2004

Signature:

Sandra L. Godsey, Reg. No. 42,589 (858) 651-4517

QUALCOMM Incorporated Attn: Patent Department

5775 Morehouse Drive

San Diego, California 92121-1714 Telephone: (858) 651-4125

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(858) 651-4125 (858) 658-2502

^{6.} Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$110.00.

The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.